



NITED STATES PATENT AND TRADEMARK OFFICE

Applicant

Fisher et al.

Serial No.

09/515,363

Examiner

Loeb, B.

Filed

February 29, 2000

Group Art Unit:

1636

For

MELANOMA DIFFERENTIATION ASSOCIATED GENE-5 AND

PROMOTER AND USES THEREOF

PETITION TO EXTEND TIME

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents, Washington, D.C. 20231

August 21, 2002 Date of Deposit

35,225

PTO Registration No.

August 21, 2002 Date of Signature

Asst. Commissioner for Patents and Trademarks

U.S. Patent and Trademark Office

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AUG 2 9 2002

OFFICE OF PETITIONS

Ref: 09/16/2002 AKELLEY Name/Number: 09515363 \$460.00 CR

Applicants hereby request a three-month extension of time to respond to the Official Action

dated February 20, 2002 in the above-captioned application. In response to this Official Action,
Applicants herewith concurrently submit 1) an Amendment, 2) a Petition to Revive Unintentionally
NY02:401399.1

Abandoned Application, and 3) a \$1100.00 representing the \$460.00 fee for a three-month extension of time as set forth in 37 C.F.R. § 1.17(a)(3) for a small entity in compliance with 37 C.F.R. § 1.27(a) and the \$640.00 petition fee as set forth in 37 C.F.R. § 1.17(m) for a small entity in compliance with 37 C.F.R. § 1.27(a). Small entity status has been previously established in this case under 37 C.F.R. §§ 1.9 and 1.27, and is still proper and desired.

Should any additional fees associated with this communication be required, the Commissioner is hereby authorized to charge payment of these fees or to credit any overpayment to Deposit Account No. 02-4377. Two copies of this communication are enclosed.

Sincerely,

BAKER BOTTS, L.L.P.

Lisa B. Kole

Patent Office Reg. No. 35,225

Attorney for Applicants 30 Rockefeller Center New York, NY 10112 (212) 408-2628

Enclosures

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 9.13.02 2 Serial/Patent # 091515,363			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing		*	\$
Amendment			\$
Extension of Time	#25	3.27.02	-\$460.
Notice of Appeal/Appeal			\$
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Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT OF REFUND \$ 4.0.		
10 REASON:	Treasury Check		
Overpayment	Credit Deposit A/C #:		
Duplicate Payment	9 (224	9377
No Fee Due (Explanation):	e Due (Explanation):		
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11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: TITLE:			
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS [FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

- 1. DATE OF REQUEST: Enter the date you fill out the form.
- 2. SERIAL/PATENT #: Enter the Serial or Patent Number.
- 3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other and print or type the fee type on the following blank line.
- 4. PAPER NUMBER: Enter the PAPER NUMBER of the document for which a refund is requested. [PAPER NUMBER refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
- 5. DATE FILED: Enter the Mailroom Date of the document for which a refund is requested.
- 6. AMOUNT: Enter the dollar amount of the refund.
- 7. TOTAL AMOUNT OF REFUND: Add the dollar amounts in the column labeled <u>AMOUNT</u> and enter the total in the box.
- 8. TO BE REFUNDED BY: Enter a check mark or an X in the box preceding TREASURY CHECK OR CREDIT DEPOSIT A/C # to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the FEE ACCOUNTABILITY STAMP with the amount of the refund circled.
- 9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
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- 11. **REFUND REQUESTED BY**: Only PTO personnel formally authorized to request refunds should enter their <u>NAME</u>, <u>TITLE</u>, <u>PHONE NUMBER</u>, <u>OFFICE</u> and <u>SIGNATURE</u> on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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